SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP.

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL

TOTAL DEP.

TOTAL

FORM PTO-1360 (REV. 3-78)

TOTAL

TOTAL DEP.

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